Clinical Laboratory Test Update

Stool WBC Smear – To be discontinued 02.07.2024

NIH studies have shown that the Stool WBC test has poor sensitivity (70%) and specificity (50%). The UCHealth system has largely standardized to performing the Fecal Calprotectin assay in replacement of the WBC smear test.

If you have Stool WBC test on your favorites list, please remove it and replace with the Fecal Calprotectin.

Fecal Calprotectin – Optimal replacement option

The University of Colorado Hospital Clinical Laboratory is performing Fecal Calprotectin testing. YVMC lab will send to the UH laboratory 6 days a week for processing.

The DiaSorin LIAISON® Calprotectin assay is an *in vitro* diagnostic chemiluminescent immunoassay (CLIA) intended for the quantitative measurement, in human stool, of fecal calprotectin, a neutrophilic protein that is a marker of mucosal inflammation.

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| EPIC code | LAB3763 |
| Synonym | Calprotectin - Fecal |
| Methodology | Chemiluminescent immunoassay (CLIA) |
| Collection | Collect stool specimen in clean airtight container without preservatives. |
| Specimen Preparation | Transfer 1 - 5 g stool to a clean airtight container without preservatives. |
| Storage/Transport Temperature | Refrigerated |
| Sample Stability | Ambient, immediately; Refrigerated, 3 days; Frozen, 1 week |
| Unacceptable | * Specimens in media or preservatives * Specimens received beyond stability * Very solid stool |
| Testing Performed | Monday through Friday |
| Reported | 1 – 3 days |
| CPT | 83993 |
| Reference Range | < 50 µg/g |
| Result Interpretation | Elevated fecal calprotectin is associated with increased neutrophils in the stool, which may occur in the setting of gastrointestinal diseases such as infections, colorectal cancer, or IBD. A diagnosis of active IBD can be made only after consideration of the total clinical status of the patient and other diagnostic testing.   |  |  | | --- | --- | | < 50 μg/g | Normal | | 50 – 120 μg/g | Borderline, retesting in 4-6 weeks is suggested to verify inflammation | | >120 μg/g | Elevated | |

Please call Dr. Cathy Salisbury (970.871.2340), James Wirta (970.871.2354), or Paul Hill (970.871.2457) with questions about this change.